	Date of Report

**Report of
Loss or Damage of Property**

Use prescribed by NIH Manual 26101-25-2.

ICD	Custodial Code

LOCATION *(building and room)*

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Instructions	*The following outline is suggested for submitting data:*

Instructions

Statements must be furnished and signed by the user, property custodial officer, and administrative officer. Route this form in this order:

1. User
2. Property Custodial Officer
3. Administrative Officer
4. Chief, Property Accountability Section, PPB, 13/2E65

The form's originator (user) keeps the last copy of this form.

For Suspected Theft Only:
The NIH Police and your administrative officer must be notified *immediately* in cases of suspected theft.

The following outline is suggested for submitting data:

1. List of articles lost, damaged, or stolen.

2. Facts and circumstances attending the loss, damage, or theft.
   a. Date and time first discovered
   b. Date and time last seen or used
   c. Name of user (if known)
   d. Circumstances of damage, loss, or destruction
   e. Estimate of cost of repairs

3. Explain if loss, damage, or theft was caused by the neglect, carelessness, or willfulness of an employee.

USER'S STATEMENT

User's Signature

PROPERTY CUSTODIAL OFFICER'S STATEMENT

Property Custodial Officer's Signature

ADMINISTRATIVE OFFICER'S STATEMENT *(After completing, forward to: Chief, Property Accountability Section, PPB, Bldg. 13, Room 2ES9)*

Administrative Officer's Signature

NIH POLICE'S STATEMENT

NIH Police's Signature

I certify that the property described on this form, charged to the ICD and custodial code indicated, has been lost, stolen, destroyed, or damaged in the manner stated above.	Property Management Representative's Signature	Date

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